

(801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov



Political Action Committee Statement of Non-Recpit of Contributions and Non-Expenditure of Funds For Political Action Committees that have not spent or received any campaign funds

	Name of Organization				Phone Number	
	Utah Ophthalmology Societ	ry				
	Street Address	Suite/Apartment/PO	Box: City		State	Zip
	310 East 4500 South	Suite 500	Salt Lake	City	UT	84107
	Also known as					
S		Type	of Poport			
Ð	Type of Report (Check the appropriate box)					
\equiv	INTERIM REPORTS:		YEAR-E	ND REPORT:		
	X August 31st		☐ Janu	ary 10th of every y	/ear	
\geq	Seven days before a General Election					
0						
Expenditures			☐ Yes			
ΩÌ.			X No	Is this report an	amendn	nent?
~×			<u> </u>			
ontributions &						
$\frac{3}{2}$						
0	Report Verification					
		Albert Ungricht MD				
Ō	1,	Print Name of Treas	surer or Financial Officer			
	affirm tha	at I have received no tures for political pur	Contributions and poses during this repo	incurred no orting period.		
\subseteq	Сирона .	-a. oo .o. pooo. po.	pooce duming and rep	Jriming promotes		
2		Albert U	Ingricht MD			
	Signature of Treasurer or Financial Officer					
8/28/2008						
		I	Date			
	To File this Form			For Office Use C	nly	
	Mail or deliver to					
	Lieutenant Governor's C Utah State Capitol, Suite	e 220	Copied	 լ		
	Salt Lake City, UT 84114 (801) 538 - 1133	-2325				
	For More Information					

Date Received